

**PROCEDURE FOR FILING A MOTION  
AND REQUEST FOR HEARING**

1. Prepare a *Motion, Request for Hearing, and Notice of Hearing*. Prepare an original set of documents plus three (3) sets of copies of each form. Sort the documents according to title and staple each one separately. The originals of each form should be placed on top of its copies and then paper clipped together. **For example:** Place the original Motion on top with the stapled copies underneath, and paper clip them together. Repeat the procedure for the Request for Hearing and Notice of Hearing.

2. Prepare three (3) *stamped and addressed legal sized envelopes*. Two (2) envelopes should be stamped and addressed to the opposing party (or his/her Attorney) and one (1) envelope addressed to you. **Note:** If the opposing party is not represented by an attorney and you do not have a home address, it is acceptable to use their work address or their parent's address.

**NOTE:** If the case is pending, a filing fee of \$137.00 is not required. Local Court Rules require a completed SCRA, Rule 1-099 Certificate attached as the last page to your motion. This form shows the Court the status of the case.

3. A filing fee of \$137.00 is required if the case has been closed for more than ninety (90) days and you want to request a hearing. When you are ready to file your documents, submit \$137.00, **if applicable**, (in the form of cash, a money order, or cashier's check made payable to District Court Clerk) with your original documents, copies and envelopes to the **Clerks Office, Room 240 (second floor)**, of the Bernalillo County Courthouse, located at 400 Lomas Blvd. NW, Albuquerque, NM between the hours of **8:00 A.M. - 5:00 P.M., Monday - Friday**. Personal checks and credit cards are not accepted.

4. The Clerk will file the original documents, endorse stamp your copies, and will return two (2) sets to you. One set of copies is for your records and the other set is for the opposing party or his/her Attorney. Send endorsed copies of the motion and request for hearing in one of the envelopes you addressed to the opposing party (or his/her attorney). It is your responsibility to inform the opposing party you have requested a hearing and what it is concerning.

5. The assigned judge's secretary will send a scheduled *Notice of Hearing* to all parties in the envelopes provided by you. This notice will inform you of the hearing date and time.

STATE OF NEW MEXICO  
COUNTY OF BERNALILLO  
SECOND JUDICIAL DISTRICT

\_\_\_\_\_,  
Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent.

**OBJECTION TO HEARING OFFICER RECOMMENDATION**

I, \_\_\_\_\_ (*name of Petitioner or Respondent*), object to the Hearing Officer Recommendation filed on \_\_\_\_\_ (*date*) for the following reasons: (*identify the specific paragraph(s) to which you are objecting, and state the reason(s) for each objection*)

1.

2.

3.

4.

5.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone number*

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date), I (check the applicable item below and fill in all information)

☐ mailed a copy of this objection by United States mail, postage prepaid, to:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, and zip code: \_\_\_\_\_;

☐ delivered a copy of this objection to \_\_\_\_\_ (the other party or the other party's attorney); or

☐ faxed a copy of this objection to \_\_\_\_\_ (the other party or the other party's attorney) using the following fax number: \_\_\_\_\_. The transmission was reported as complete and without error. The time and date of the transmission was \_\_\_\_\_ (a.m) (p.m) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of attorney

\_\_\_\_\_  
Date of signature

*If this notice was served by a person other than an attorney,  
the following must also be completed and filed with the court:*

### VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that a copy of this objection was served by [mail] [fax] [electronic transmission] as described above on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of person who made service

STATE OF NEW MEXICO  
COUNTY OF BERNALILLO  
SECOND JUDICIAL DISTRICT

NO. \_\_\_\_\_

\_\_\_\_\_,  
Petitioner,

vs.

\_\_\_\_\_.  
Respondent.

**RULE 1-099 NMRA, CERTIFICATE**

COMES NOW, \_\_\_\_\_, and hereby certifies pursuant to Rule 1-099 NMRA, and Second Judicial District Local Rules, Rule LR2-132, that no that no Rule 1-099 NMRA fee is required because:

- ( ) this case is pending.
- ( ) the attached pleading, motion or other paper is filed within 90 days after the last deposition; the last action taken in this case was \_\_\_\_\_; a judgment or decree was filed \_\_\_\_\_, 20 \_\_\_\_.
- ( ) the attached pleading, motion or other paper is requesting action which may be performed by the Clerk pursuant to these rules -or- seeking to correct a mistake in the judgment, decree or record, filed on \_\_\_\_\_, 20 \_\_\_\_, -or- a motion accompanied by signed stipulated order disposing of the issue(s) raised by the motion.
- ( ) the attached pleading, motion or other papers is seeking only enforcement of a child support order filed on \_\_\_\_\_, 20 \_\_\_\_.

Submitted By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name  
( ) Petitioner or ( ) Respondent Pro Se

Mailing Address: \_\_\_\_\_  
City: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

I hereby certify that a true and correct copy of the foregoing pleading was [mailed] [delivered] [faxed] to opposing counsel/party of record this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

STATE OF NEW MEXICO  
COUNTY OF BERNALILLO  
SECOND JUDICIAL DISTRICT

\_\_\_\_\_,  
Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent.

**REQUEST FOR HEARING**

Assigned judge: \_\_\_\_\_

Matters to be heard: \_\_\_\_\_

Hearings presently set: \_\_\_\_\_

Time requested: \_\_\_\_\_

*(Provide names, mailing addresses, and telephone numbers of parties who need to be notified—attach a list if necessary.)*

_____	_____
_____	_____
_____	_____
_____	_____

Hearing requested by:

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name (printed)*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone number*

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date), I (check the applicable item below and fill in all information)

☐ mailed a copy of this request by United States mail, postage prepaid, to:

Name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City, state, and zip code: \_\_\_\_\_;

☐ delivered a copy of this request to \_\_\_\_\_ (the other party or the other party's attorney); or

☐ faxed a copy of this request to \_\_\_\_\_ (the other party or the other party's attorney) using the following fax number: \_\_\_\_\_. The transmission was reported as complete and without error. The time and date of the transmission was \_\_\_\_\_ (a.m) (p.m) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of attorney

\_\_\_\_\_  
Date of signature

*If this notice was served by a person other than an attorney,  
the following must also be completed and filed with the court:*

### VERIFICATION OF SERVICE

I affirm under penalty of perjury under the laws of the State of New Mexico that a copy of this request was served by [mail] [fax] [electronic transmission] as described above on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of person who made service

STATE OF NEW MEXICO  
COUNTY OF BERNALILLO  
SECOND JUDICIAL DISTRICT

\_\_\_\_\_,  
Petitioner,

v.

No. \_\_\_\_\_

\_\_\_\_\_,  
Respondent.

**NOTICE OF HEARING**

NOTICE IS HEREBY GIVEN that a hearing in this case has been set as follows:

Date of hearing: \_\_\_\_\_  
Time of hearing: \_\_\_\_\_  
Place of hearing: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Matter(s) to be heard: \_\_\_\_\_  
Comments: \_\_\_\_\_  
Length of hearing: \_\_\_\_\_  
Judicial Officer: \_\_\_\_\_

If this hearing requires more or less time than the court has designated, or if this hearing conflicts with any prior setting, please contact us immediately as continuances may not be granted on late notice. The District Court complies with the American with Disabilities Act. Counsel or self-represented litigants may notify the Clerk of the Court of the nature of the disability at least five (5) days before ANY hearing so appropriate accommodations may be made. Please contact us if an interpreter will be needed.

\_\_\_\_\_  
CLERK OF THE DISTRICT COURT

## CERTIFICATE OF SERVICE

I, the undersigned Employee of the District Court of \_\_\_\_\_ County, New Mexico,  
do hereby certify that I served a copy of this document to all parties listed below on  
\_\_\_\_\_.  
(list parties entitled to service)

By: \_\_\_\_\_

**Petitioner:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Respondent:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_

**Other:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_\_